

AGENCY HIRING REQUEST

AGENCY INFORMATION

Agency name: _____ Agency code: _____
Agency authorized position level: _____ Number of positions currently filled: _____

Position Information

Role/work title: _____ Position number: _____
Annual salary and benefits: \$ _____ Funding sources: _____
Number of funded positions in same function: _____ Number of filled positions in same function: _____

Put an X where appropriate:

Position is: _____ Full-time _____ Part-time
Position is: _____ Salaried _____ Wage
Position is: _____ New _____ Vacant If vacant, how long vacant? _____
Position is: _____ Continuous recruitment If checked, no. of positions requested _____
Position is: _____ Direct service in public safety, patient care or public health

Why does the position need to be filled?

What alternatives have been considered?

What is the impact if the position is not filled?

SIGNATURE

There are adequate funds in the agency's budget to pay for both the short- and long-term impact of filling this position.

Agency head's signature _____ *Date* _____

CABINET SECRETARY ACTION

_____ Approved as requested
_____ Approved as modified: _____
_____ Denied

Secretary signature _____ *Date* _____